

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90576 010 \*\*\*\*50.00

DOCUMENT # L02000031647

1. Entity Name

MINTON-EVANS COMPANY, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2000 N. KINGS HIGHWAY**

3. Mailing Address

**P. O. BOX 670**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FORT PIERCE, FL**

City & State

**FORT PIERCE, FL**

4. FEI Number

**NA**

Applied For

Not Applicable

Zip

**34951**

Country

**USA**

Zip

**34954**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**JOHN L. MINTON, SR.**

Street Address (P.O. Box Number is Not Acceptable) - - -

**2000 N. KINGS HIGHWAY**

City

**FORT PIERCE**

**FL**

Zip Code  
**34951**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CO-MANAGER  
JOHN L. MINTON, SR.  
2000 N. KINGS HIGHWAY  
FORT PIERCE, FL 34951**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CO-MANAGER  
ARTHUR EVANS  
1688 W. HIBISCUS BLVD  
MELBOURNE, FL 32901**

TITLE  
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STREET ADDRESS  
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/29/03

Date

772-464-3502

Daytime Phone #

CR2E083B (12/02)